Effective October 1, 2000													
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									MIIIY	OR	OTHER SMALL E		
TOTAL CLAIMS			13					RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=					X\$ 9=		OR	X\$18=:		
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
"If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL		OR	TOTAL	7/6	
	· Ci		CHALL	ENTITY	OR	OTHER SMALL E	THAN						
(Column 1) (Column 2) (Column 3)									ADDI-	<u> </u>	1	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
KDM	Total	• [3	Minus	?	0	(X\$ 9=	·	OR	X\$18=	·	
ME	Independent	• 2	Minus	•••	3 _			X40=		OR	X80=	-	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN		<u>. D</u>	J	+135=		OR	+270=		
11/2/05								TOTA	 		YOYAL		
ADDIT, PEE													
		(Column 1)			mn 2) :	(Column 3)	4		1 4001	•		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT-		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	. 13	Minus	. 6	20	=		X\$ 9=	ľ	OR	X\$1B=		
	Independent	. 2	Minus	***	3	<u></u>	1	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		J	+135=		OR	+270=		
								AYOY		OR	TOTAL		
								ADDIT. FE	E -	Jon	ADDIT. FEE		
		(Column 1)			IMN 2) HEST	(Column 3	4			-			
AMENDMENT C		REMAINING AFTER AMENDMENT		'NUI PREV	ABER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		•		X40=	1	OR	X80=		
Ľ	FIRST PRESE	ENTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIM		L	+135=	T	1			
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.										OR	2074	 	
1 1	"If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEEOH ADDIT, FEEOH THIS SPACE is less than 3, enter "3." The "Highest Number Pr viously Paid For" (Total or Ind. pend. nt) is the highest number found in the appropriate box in column 1.												
FORM PTO-475 PEST AVAILABLE COPY Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE (Rev. 800) "U.S. GPO: 2000-460-706/20103													

FORM PTO-675 (Rev. 8/00)

pplication or Docket Number